BEST AVAILABLE COP

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that, my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	POLYMERIZABLE COMPOSITION AND MOLDED PRODUCT THEREOF								
Fill in Appropriate	the specification of	which is attached he	ereto. If not attached he	ereto, the application is identified by	v the attorney docket number as se				
	forth above and/or	the following:		• •	,				
Information -									
For Use Without	United States	Application Number							
Specification Attached:		on	0. 0004						
Allactico.	International	on was filed on Aug	DCT /(D2004 /011716		as PCT				
	amended on _	and was							
	_								
	amended by any an	inat I have reviewed	and understand the	contents of the above-identified spe	ecification, including the claims, as				
	amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.								
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under little 35. United States Code, 5119(a)-(d) of any foreign application (e) for natural country foreign application of the contraction of the country foreign application of the contraction of the country foreign application to this application of the country foreign application to the country foreign application of the country foreign application to the country foreign application of the country foreign application of the country foreign application of the country foreign application to the country foreign application of the country foreign application to the country foreign application of the country foreign application and the country foreign application to the country foreign application and the country foreign application and the country foreign application and the country foreign application a								
	I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s)								
Insert Priority	Thor Poteign Application(s)				Priority Claimed				
Information:	2003-289355	Japan		August 7, 2003					
(if appropriate)	(Number)	(Country)	<u></u>	(Month/Day/Year Filed)	Yes No				
	(Number)	(Country)		(Month/Day/Year Filed)	Yes No				
	(Number)	(Country)		(Month/Day/Year Filed)	Yes No				
	(Number)	(Country)		(Month/Day/Year Filed)	☐ ☐ Yes No				
	I hereby claim the benefit under Title 35, United States Code, \$119(c) of any United States provisional applications(s) listed below.								
Insert Provisional									
Application(s): (if any)	(Application Numbe								
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
Insert Requested Information: (if appropriate)	Country		Application Number	Date of Filing (Me	onth/Day/Year)				
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the matner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s):	(Application Number) 0	Filing Date)	(Status - patented	pending, abandoned)				
(if any)			y	Omites - patentes,	herrand, apandousa)				
Page 1 of 2 (Rev. 07/2003)	(Application Number) (1	Filing Date)	(Status - patented,	pending, abandoned)				

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ull Name of First or Sole Inventor: sport Name ut	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
inventor inventor inventor Document is Signed	Tomoo SUGAWARA	Tomoro Sugawana	-	11/01/2005				
west Residence	Residence (City, State & Country)	<u> </u>	CITIZENSHI	P				
den Glisenhup →	Tokyo, Japan	Japanese						
Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	c/o ZEON CORPORATION, 6-1, Marunouchi 2-chome, Chiyoda-ku, Tokyo 100-8323 Japan							
ull Name of Second Invertor, if any: Ger above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	46	DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
all Name of Throd Lovencor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHII					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
ill Name of Fourth Inventor, il any: เลอง แกลงง	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
ll Nume of Frith Luventon, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	n							
) Name of South nwnkor, d any: see ahovn	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Add	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	Legaringue a la l							